

Name in Full

Certificate of Death

William J Alexander 6th Dist

Town

County

Died at

Elk Neck

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

3

Age

24

3

Cecil

Labor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

James Alexander

Name

Mary Maria McHenry

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. M. Hoffman

Address

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full *James Arthur Anderson*
 Town *N. East* County *Cecil* MARYLAND
 Died at *N. East*
 Date 19 *02* Month *Sept* Day *17* Y. *2* M. *7* D. *Cecil* Native of *Cecil* Occupation *injury*
 Male *Married* Age *27* *Widow* *Divorced*
 Female *Colored* *Single* *Widower* Number of children living *injury*
 Husband of *James Anderson*
 Wife *James Anderson* Mother's Name *Ellis Green*
 Cause of Death { Primary *Hypertension* Immediate *151* How long sick *3 mo*
 Reported by *B. Green Cupper* Accident, Suicide, Homicide
 Address *N. East*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emma May Barrett. 5th dist
 Town County
 Died at Theridon Cecil MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	9	28	2	10	10	mo	—
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's Name Alburt Barrett Mother's Maiden Name Mary Emma Sidwell

Cause of	Primary	<u>Inflammation Stomach & Bowels</u>	How long sick	<u>5 days</u>
	Death	<u>Immediate</u>	Accident, Suicide, Homicide	

Reported by Dr J B Oliver, 106

Address Rising Sun mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Thomas
 Town
 North East

Bull
 County
 Cecil Co

MARYLAND

Died at

Date 19

02.

Sept.

24

Age

67

Y.

M.

D.

Native of

Penn.

Occupation

Charcoal Burner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

~~Never married~~

Husband

of

Sarah

Bull

Father's

Name

Mother's

Maiden Name

158

Cause of

Primary

How long sick

Death

Immediate

Drowned in North East River,

~~Not~~ Suicide, ~~Not~~

Reported by

Wm D. Lawley M.D.
 Clifton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Martin Cavanaugh

Died at

Town
Rising SunCounty
Cecil

6th Dist

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

9

25

Age 67

Ireland

Miner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living 4

Husband of

Wife

Father's

Name

Bridget Cavanaugh

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Cancer of breast

Exhaustion

How long sick

6 wks.

Accident, Suicide, Homicide

Reported by

Address

J.B. Shier

Rising Sun Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louis B Dye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>2</i>	Age <i>19</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Perryville</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Dye</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Victoria Hewitt</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>Mrs Sallie Dennis</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 or</i>
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Hump</i>
	Address <i>Perryville Maryland</i>
Accident or Suicide?	



Samuel H Du Hamell

Town

County

Died at near Eastville Cecil MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892 9 12 Age 20 years

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name Saml H. Du Hamell

Mother's

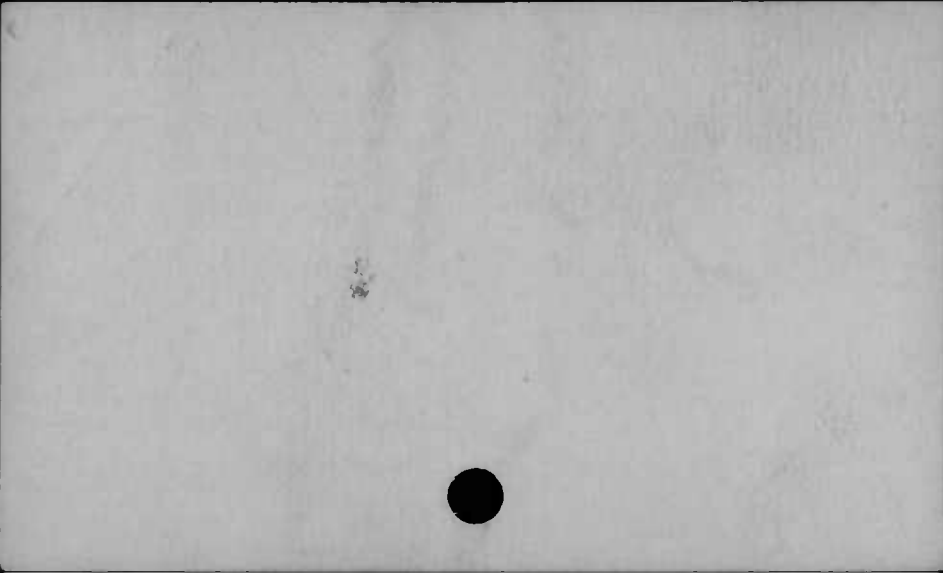
Name M. H. H. H.

Cause of Primary Deftitude

Death Immediate Deftitude Saugydes Accident, Suicide, Homicide

Reported by John W. W. W. undertaker

Address Cecilton Md



Name In Full

Certificate of Death

Samuel Jefferson Frayer

Town

County

MARYLAND

Died at

Pisquinn

Cecil - 6th Dist

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

9 - 21

Age

0 3 - 20

Cecil Co

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Name

James B Frayer

Mother's

Maiden Name

Kate Frayer
Kate Garvey

Cause of

Primary

Malnutrition.

How long sick

2 weeks

Death

Immediate

Inanition.

Accident, Suicide, Homicide

Reported by

John H. James md
Pisquinn, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Steel Press
Kent Co

Name
in
Full

James L. Gregg 4 dist-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Fair Hill</i>		Town <i>Fair Hill</i>		County <i>ecil</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept-</i>	Day <i>26</i>	Age <i>4</i>	Years <i>7</i>	Months <i>5</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>md</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Fether's Name <i>Frank Gregg</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Annie Scarborough</i>				Mother's Birthplace <i>md</i>			
Name of person giving In formation <i>Frank Gregg</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Whitaker</i>
	Address <i>Cherry Hill</i> <i>md</i>
Accident or Sulcide?	

19

Name
in
Full

Elizabeth Black Groome

CERTIFICATE OF DEATH

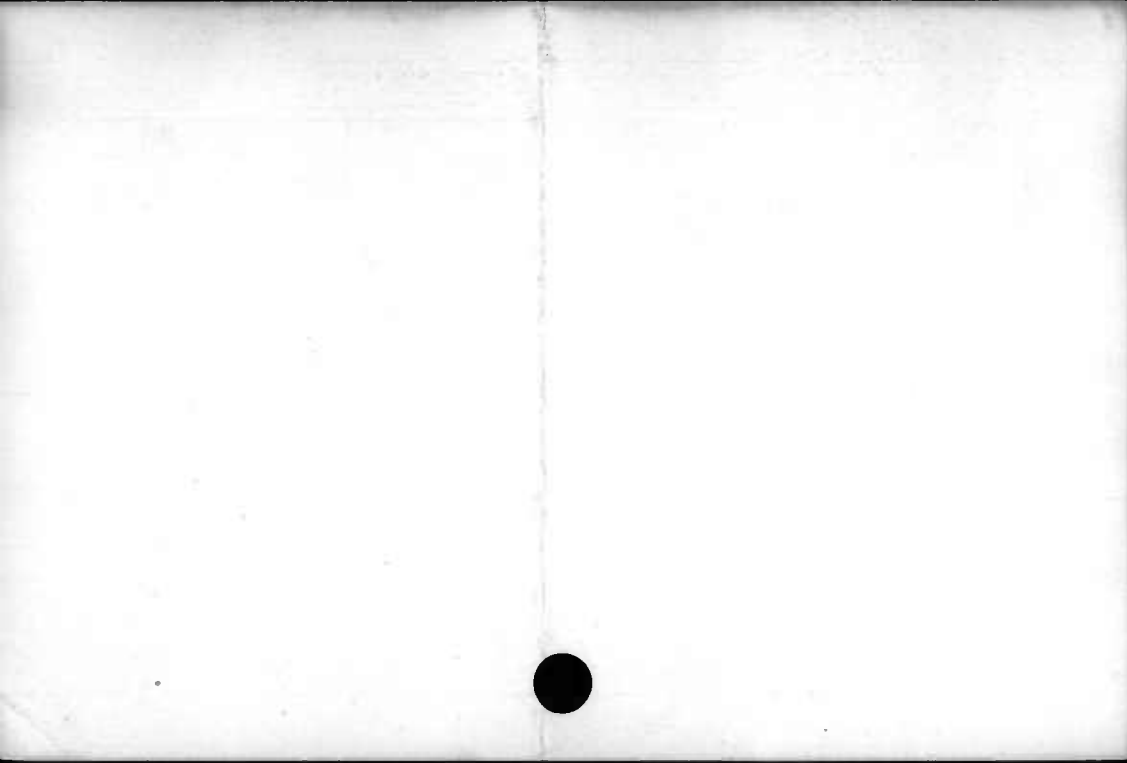
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death 190	2	Month Sept.	Day 10	Age	Years 86	Months 6	Days 25
Sex	F		Color or Race	White		Birth- place	Blawie
Married, Single or Widowed				Widow			
Name of Wife or Husband				John C. Groome			
Father's Name				James Rice Black		Father's Birthplace	Delaware
Mother's Maiden Name				Maria Eliza Stokes		Mother's Birthplace	Virginia
Name of person giving information				Jane Moore Black		How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sudden Change Dis of Coronary Artery		How long
Immediate	Cardiac Arrest		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Charles M. My
		Address	Elkton Md
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 1962

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Number~~~~Number of persons living~~

Mother's

Maiden Name

How long sick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79004

4-4

6-8



100-100

Name
in
Full

Rome L. Howell 3rd Wish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>4</i>	Day	<i>3</i>
Age		<i>27</i>	Years	Months	<i>3</i>
Sex	Color or Race		<i>white</i>	Birth-place	<i>Cecil co</i>
Married, Single or Widowed	<i>married</i>		Occupation	<i>farmer</i>	
Name of Wife or Husband <i>cora Reeder</i>					
Father's Name <i>John Howell</i>			Father's Birthplace <i>Masland</i>		
Mother's Maiden Name <i>Harriet Simpson</i>			Mother's Birthplace <i>Cecil co</i>		
Name of person giving information <i>cora Howell</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. S. Whitaker</i>	
		Address	
		<i>Cherry Hill</i>	
Accident or Suicide?		<i>Ma</i>	

2-5



Name in Full

Certificate of Death

William Bailey Kirk

Town

County

Died at

Blue Ball

Cecil Co

MARYLAND

Date 1902 Sept- 19 Month Day Y. M. D. Native of *Pa* Occupation *Farmer*

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of *Mrs Lillie A. Kirk*

Father's Name *Josiah L. Kirk* Mother's Name *Sarah A. Biles*

Cause of Death { Primary *Hung himself* Immediate *Strangulation* How long sick *57* ~~Swindle~~ ~~Suicide~~ ~~Homicide~~

Reported by

Wm D. Cawley M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

George Lawrence

Town

Perryville

County

Cecil

MARYLAND

Date

of death 1902

Month

Sept

Day

22

Age

Years

Months

5

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Perryville

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Frank Lawrence

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Annie Caywood

Mother's
Birthplace

Cecil Co

Name of per-
son in formation

Frank Lawrence

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Progressive Cardiac Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. George Taylor
Perryville, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Saw this child few days prior to death
being second physician in attendance
A. S. T.

Name
in
Full

Elizabeth McCleary

4 weeks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Fair Hill* ^{Town} *Real* ^{County} **MARYLAND**

Date of death 1902 *Sept* ^{Month} *22* ^{Day} Age *80* ^{Years} Months Days

Sex *Female* Color *White* Birth-place *Ireland*

Married, ~~Single~~ *Married* Occupation *House wife*

Name of ~~Wife or~~ *John McCleary* Husband

Father's Name *Matthew Gallagher* Father's Birthplace *Ireland*

Mother's Maiden Name *Martha Sinclair* Mother's Birthplace *"*

Name of person giving information *Frank J McCleary* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *2 weeks*

Immediate *Gout - 90* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. S. Whitaker*

Address *Cherry Hill Md*

Accident or Suicide?

09

Name in Full


Rachel C. McClure.

Died at ^{Town} Port Deposit ^{County} Cecil Co. MARYLAND

Date 1890 02, Month Sept 11, Day Age 90. 7, 2 Y. M. D. Native of ^{Pa} Chester Occupation —
Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐
Female ☒ Colored ☐ Single ☐ Widowed ☐ Number of children living —

Husband of Samuel H. McClure
Wife of
Father's Name Joseph Coltrane Mother's Name Ludea Coltrane

Cause of Death Primary ☒ All at once How long sick 5 days
Immediate ☒ Fall with Broken Arm Accident, Suicide, Homicide

Reported by H. E. Clummon
Address Port Deposit  154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

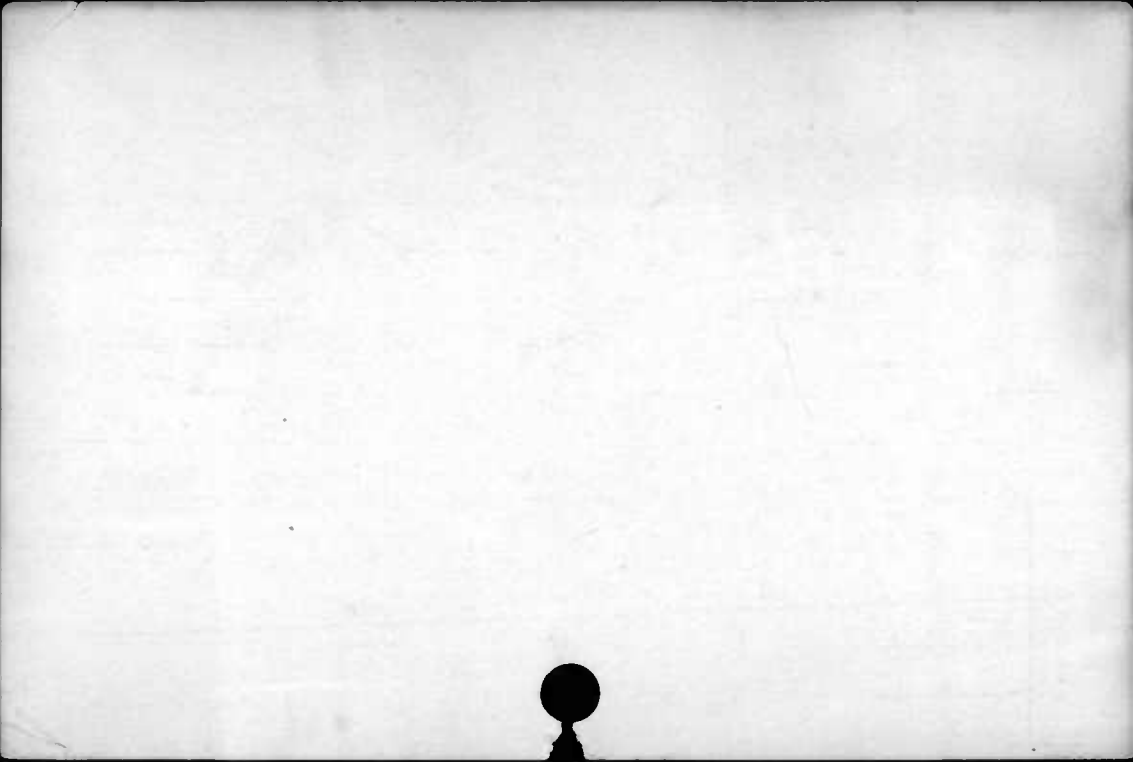
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elkton</i>		County <i>Delic</i>		MARYLAND	
Date of death 1902	Month <i>Sept</i>	Day <i>22</i>	Age	Years <i>69</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germananton Pa</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Merchant</i>						
Name of Wife or Husband <i>L L Rutter</i>							
Father's Name <i>James Merrey</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>— — —</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Wm B Merrey</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas M Ellis</i>
		Address	<i>Elkton Md</i>
Accident or Suicide?			



Name In Full

Certificate of Death

Sarah B Nichols

Town

County

6th Dist

Died at

Rising Sun

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

al. Co

Occupation

9

9

Age

77

10

20

Pa

Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Lease Nichols

John Price

Sarah B Price

Cause of

Primary

How long sick

Death

Immediate

Paralysis of heart

Accident, Suicide, Homicide

Reported by

Dr J B Hien

Address

Rising Sun

Inst

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Letitia Ott

CERTIFICATE OF DEATH

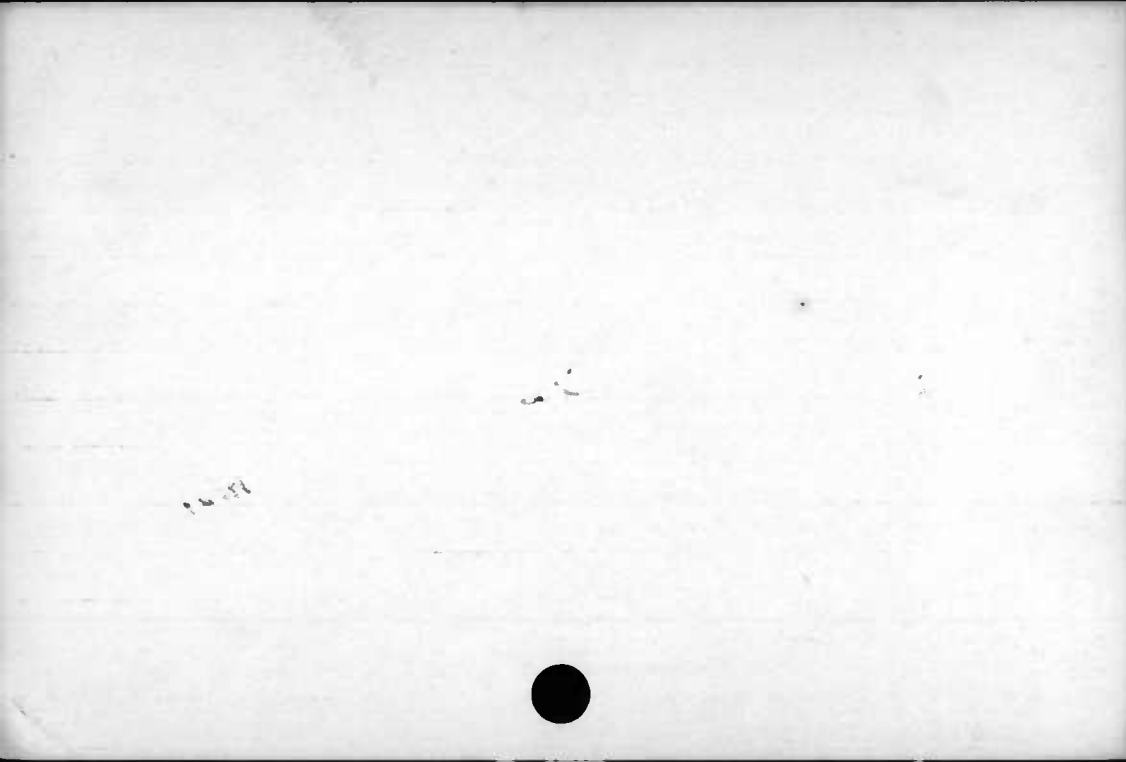
TO BE ANSWERED BY
NEAREST FRIEND

Died at		2 nd District		County		Beech		MARYLAND	
Date of death 190		2		Month		Sept		Day	
		13		Age		70		Years	
				Months				Days	
Sex		Female		Color or Race		White		Birthplace	
								Not Known	
Married, Single or Widowed		Married		Occupation		Housewife			
Name of Wife or Husband		Theodore Ott							
Father's Name		William Taggart						Father's Birthplace	
								Not Known	
Mother's Maiden Name		Mary Fabin						Mother's Birthplace	
								Not Known	
Name of person giving information		Theodore Ott						How related to deceased	
								Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long		6 or 7 years	
Immediate		Exhaustion		How long		Several months	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Howard Bralton	
				Address		Elkton Md	
Accident or Suicide?							



Christianna Savin

Town

Hannock

County

Cecil

MARYLAND

Died at

Date 1902

Month

Sep

Day

1

Age

Y.

M.

D.

32

Native of

Ind

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Color~~~~Single~~~~Widower~~

Number of children living

3

Husband of

James Savin

Wife

Father's

Name

Robert Lytleup

Mother's

Maiden Name

Annie Hansen

Cause of

Primary

Typhomalarial

How long sick

2 weeks

Death

Immediate

Inflammation of Brain

~~Accident, Suicide, Homicide~~

Reported by

J. J. Wright MD
Hannock 74th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



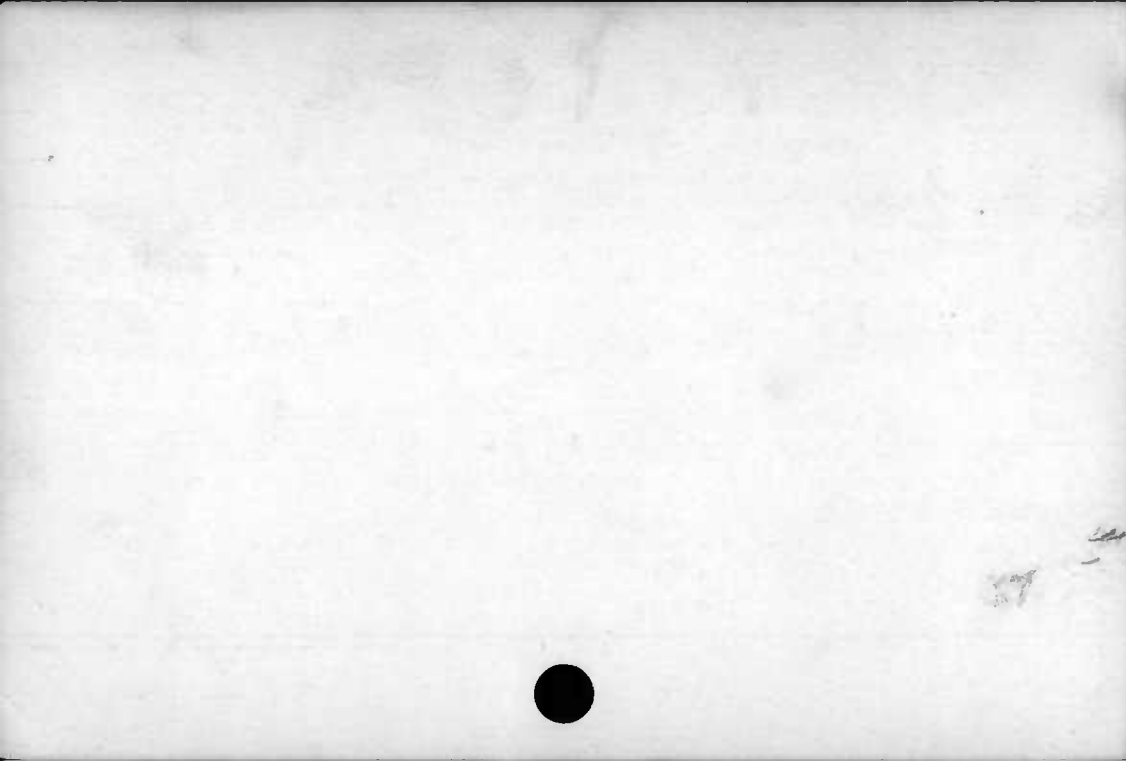
Name in Full		Mary E Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Rock Run	County		beil	
		Date of death 1902		2	Month	Sept	Day	15
		Age		27	Years		Months	8
		Sex		female	Color or Race	Black	Birth-place	Calnal
		Married, Single or Widowed		Married	Occupation	cook		
		Name of Wife or Husband		Aquilla Scott				
		Father's Name		George H. Hartshorn	Father's Birthplace	beil Co		
Mother's Maiden Name		Mary E Hartshorn	Mother's Birthplace	Chester Pa				
Name of parson giving information		Mary E Hartshorn	How related to deceased					
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary			How long			
		Consumption			3 months			
		Immediate			How long			
		Exhaustion						
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			H E Channon					
			Address					
			Rock Run					
Accident or Suicide?								



Name in Full		Town		County		CERTIFICATE OF DEATH	
A. J. -		Name		Weir		MARYLAND	
Died at		Town		County		MARYLAND	
Date of death 1902		Month		Day		Years	
2		Sept		18		Age	
						Months	
						One	
						Days	
						6	
Sex		Color or Race		Birth-place			
female		Black		Port Deposit			
Married, Single or Widowed		Occupation					
Infant							
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Joseph Sheltors		Richman Vg					
Mother's Maiden Name		Mother's Birthplace					
Lena Sheltors		Richman Vg					
Name of person giving information		How related to deceased					
Lena Sheltors							
CAUSES OF DEATH							
Primary		How long					
Pneumonia		93		2 days			
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
		Port Deposit					
		Md					
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie Stephenson		County Cecil		MARYLAND	
Died at Elton Town					
Date of death 1902	Month Sept	Day 18	Age 65	Months	Days
Sex Female	Color or Race White		Birth-place		
Married, Yes Widowed		Occupation			
Name of Wife or Husband		No further information could be gained H.B.			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yls
Signature of Physician	Wm D. Cawley
Address	Elton Md.
Accident or Suicide?	



Name
in
Full

Annie Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died <i>quar</i> <i>Elktn</i> ^{Town}		<i>Cecil</i> ^{County}			
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>9</i>	Age <i>70</i>	Years	Months
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Elk Neck</i>		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Steven McKenney</i>			Father's Birthplace <i>Elk Neck</i>		
Mother's Maiden Name <i>Annie Teller</i>			Mother's Birthplace <i>Elk Neck</i>		
Name of person giving information <i>Mrs. Holmes</i>			How related to deceased <i>Elk Neck</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Gastritis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell M.D.</i>
	Address <i>Elktn Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Lucy A Taylor.

Town

County

6th Dist

MARYLAND

Died at

Rising Sun Cecil

Date 1902.

Month

Day

Y.

M.

D.

Native of

Occupation

9

2

Age

76

Pa.

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

10

Husband of

Wife

Leaac R Taylor.

Father's

Name

Mother's

Maiden Name

John Harlan

Elizabeth Thompson

Cause of

Primary

Organic heart disease.

How long sick

ever poor.

Death

Immediate

Exhaustion. 79

Accident, Suicide, Homicide

Reported by

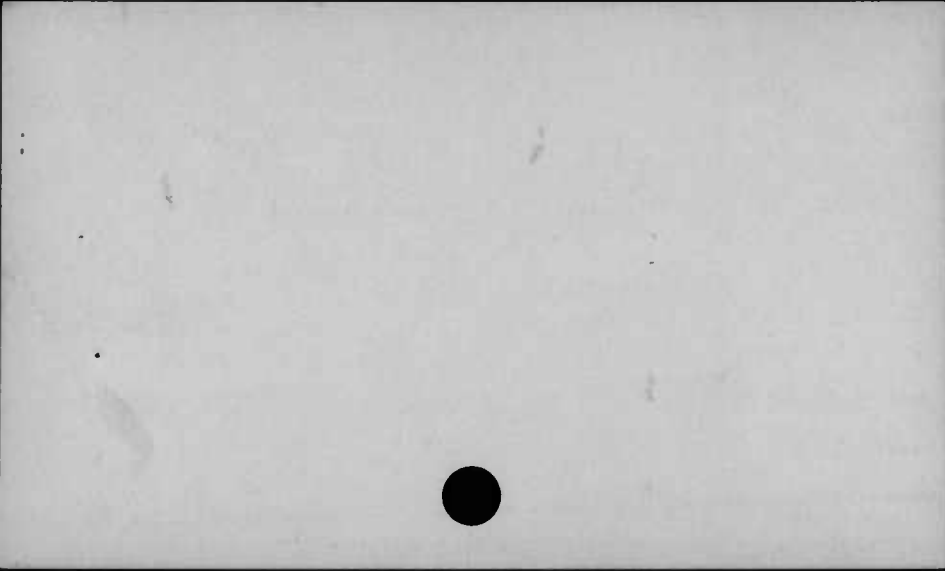
Dr J B Shivers

Address

Rising Sun, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79596



Name In Full

Certificate of Death

Marney Horlaw Taylor
 Died at *Rising Sun* *Cecil* *6th* MARYLAND
 Town County

Date 1902 *9* *17* Month Day
 Age *23* Y. M. D.
 Native of *md* Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name *Samuel A Taylor* Mother's Maiden Name *Jenni Warden*

Cause of Death Primary *Morassmus* Immediate
 How long sick *2 days*
 Accident, Suicide, Homicide

Reported by *J. B. Sherr* *105* *MD*

Address *Rising Sun* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Vandike</i>		Town <i>Rockrun</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Rockrun</i>		Date of death 1902		Month <i>Sept</i>		Day <i>13</i>	
Age <i>6 months</i>		Years <i>0</i>		Months <i>month</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Rockrun</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>Clair Vandike</i>				Father's Birthplace <i>Port Deposit</i>			
Father's Name <i>William Vandike</i>				Mother's Birthplace <i>Port Deposit</i>			
Mother's Maiden Name <i>Clair Vandike</i>				How related to deceased <i>Mother</i>			
Name of person giving information <i>Clair Vandike</i>				<i>105</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>4 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. A. Clennon</i>	
		Address <i>Port Deposit</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

May Francis Wallace

CERTIFICATE OF DEATH

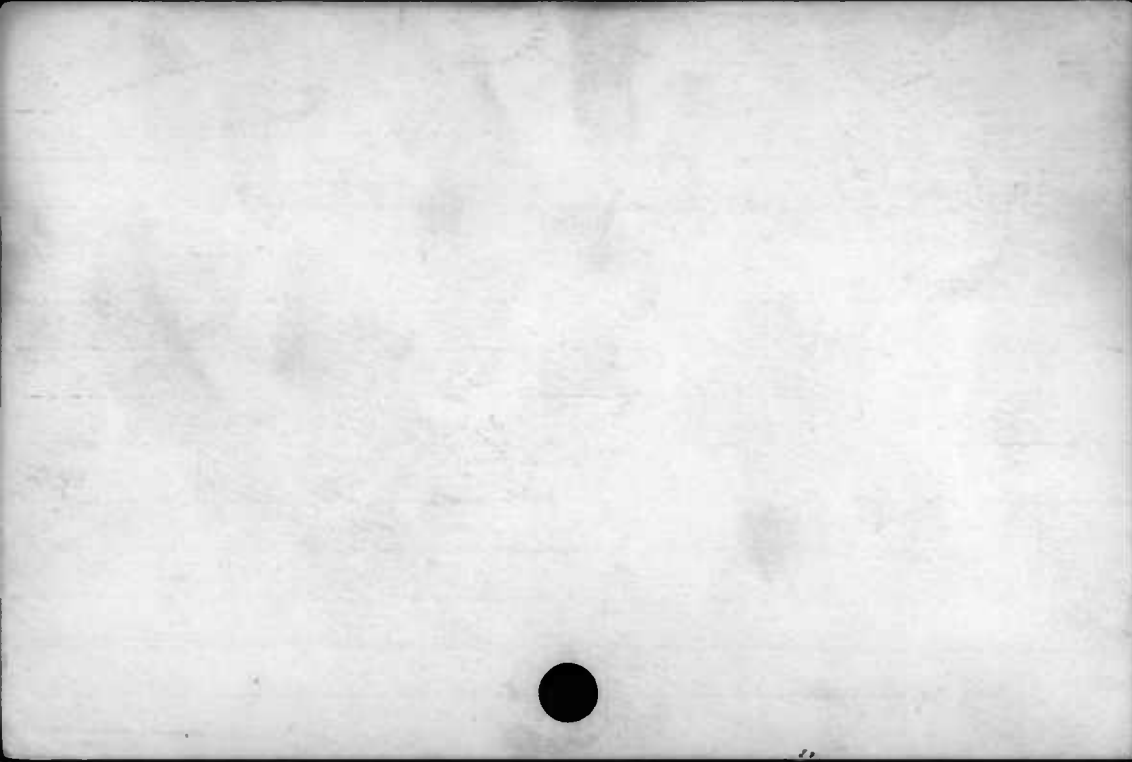
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Port Deposit</i>		County <i>Leane</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>6</i>	Years <i>40</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Anne Arundel Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant</i>			
Name of Wife or Husband					
Father's Name <i>Francis Wallace</i>			Father's Birthplace <i>Anne Arundel Co</i>		
Mother's Maiden Name <i>Ann Wallace</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>"</i>			How related to deceased <i>"</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i>	How long <i>about when</i>
Immediate <i>Port Parkers Hammer</i>	How long <i>Seven hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Chamberlain</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>"</i>	



Name
in
Full

Alma H. Wiley 4 bish-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Cherry Hill</i>		Town <i>Cherry Hill</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1902	Month <i>Sept</i>	Day <i>8</i>	Age <i>22</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Married, Single or Widowed		<i>Single</i>		Occupation <i>House work</i>			
Name of Wife or Husband _____							
Father's Name <i>David Wiley</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Martha J Curry</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Laura Davis</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. S. Whitaker</i>	
Address		<i>Cherry Hill md</i>	
Accident or Suicide?			

8-8



Name in Full

Certificate of Death

Dayman, J. Williams

Town

County

MARYLAND

Died at

New Elton

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept 4

Age

10

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Robert Williams

Mother's

Maiden Name

Emma Carroll

Cause of

Primary

How long sick

Death

Immediate

Drowning

172

Accident, ~~Swim, Drown~~

Reported by

Lickette Nelson Brown

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Sarah Francis Young
 Town *Port Deposit* County *Cecil*

MARYLAND

Died at

Date 1902

Male

Female

Month

Day

Age

Married

Single

Y.

M.

D.

Widow

Widower

Native of

Port Deposit Maryland

Occupation

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

one week

Accident, Suicide, Homicide

Reported by

Address

L. H. Cox, Jr., D.
Port Deposit, Md.

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

